

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATHState File No. 1940
FILED DEC 11 1940

Registration District No. _____

Primary Registration District No. _____

Registrar's No. _____

1. PLACE OF DEATH:

(a) County St Charles A

(b) City or town Rural (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community 20Yrs years, months or days (Specify whether _____)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St Charles

(c) City or town Rural (If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location) _____

(e) If foreign born, how long in U. S. A? _____ years.

3. (a) PRINT FULL NAME William Stewart Mc Kenney

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Sally Mc Kenney 6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased Dec 29 1864
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>76</u>	<u>3</u>	<u>17</u>	hr. _____ min. _____

9. Birthplace Iowa (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name Stewart Mc Kenney

18. Birthplace Iowa (City, town, or county) (State or foreign country)

14. Maiden name Rose Gilbert (State or foreign country)

15. Birthplace Ohio (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Sally Mc Kenney

(b) Address Defiance

17. (a) Burial (b) Date thereof April 17, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Thomas Howell Cem

18. (a) Signature of funeral director Morris Muschany

(b) Address Hamburg, Mo.

19. (a) 4-16-40 (b) O. P. Buennenman
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 15
year 1940 hour 3 minute 30 A. M.

21. I hereby certify that I attended the deceased from Feb 19 1940
to Apr 7, 1940, to _____, 1940;
that I last saw him alive on Apr 7, 1940;
and that death occurred on the date and hour stated above.

Immediate cause of death Sub. lobar pneumonia
abot. L & R Duration 14 days

Due to Acute Toxic poisoning

Due to Cerebral Hemorrhage (upper)

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:

Of operations _____

Of autopsy _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) no

(b) Date of occurrence _____

40 Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

653 (Specify type of place) _____
While at work? _____ (e) Means of injury _____

28. Signature A. J. Roy Bernard (M. D. or other) 1940

Address Hamburg Mo Date signed 16

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed..... *Walter W. W. W. W.*

Licensed Embalmer No. *2461*

P. O. Address..... *Hamburg*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.